

REQUIREMENTS FOR LICENSE - CONTRACTOR

RESPONSIBLE MANAGING EMPLOYEE

Access this form via website at: www.hawaii.gov/dcca/pvl

Briefly, the requirements for a license are:

- 1) Be not less than 18 years of age;
- 2) Have a good reputation for honesty, truthfulness, financial integrity and fair dealing;
- 3) Have 4 years of supervisory experience within the past 10 years;
- 4) Pass an examination in the appropriate classification;
- 5) Have liability and worker's compensation insurance; and
- 6) If a corporation, partnership, joint venture, LLC or LLP, have in your employ a licensed individual who is designated Responsible Managing Employee (RME). If an RME, be employed by a licensed contracting entity.

This is the general licensure process and what you may expect after filing an application:

- 1) Applicant files application, fee and other required items by the **20th** day of the month.
- 2) Board reviews complete applications the following month.
- 3) Board notifies applicant of approval/disapproval/deferral.
- 4) Approved applicant registers with a separate testing agency for exam and pays testing agency exam fees.
- 5) Applicant takes exam the following month.
- 6) Upon passing the exam, board notifies individuals of license requirements.
- 7) Applicant submits license requirements.
- 8) Board issues license to applicant.
- 9) Maintain license.

APPLICATION FILING DEADLINE

Application, fee and all supporting documents to be presented to the board must be received in the board's Honolulu office on or before the 20th day of the month prior to the scheduled meeting date. The board is scheduled to meet once a month, except for the month of December. Refer to the attached "Annual Schedule" for all dates.

Filing an Application

There are 3 types of applications:

- 1) Sole Proprietor
- 2) Corporation, partnership, joint venture, LLC or LLP
- 3) RME

Each application must be accompanied with the following items for consideration by the board:

<u>Type of Application</u>	<u>Items Required</u>
1) Sole Proprietor	Application Fee Trade name registration, if applicable Experience certificates Financial statement Credit report Tax clearance
2) <u>ENTITIES:</u> Corporation, Partnership, Joint Venture, LLC or LLP	Application Fee Financial statement Credit reports of each officer/partner/manager/member and RME Tax clearance Trade name registration, if applicable RME appointment Entity registration
3) RME	Application Fee Experience certificates Credit report Entity appointment

Detailed instructions for submitting each of the items are on the next page. Submit all items listed for the type of application you will be filing. **FAX COPIES WILL NOT BE ACCEPTED.**

INSTRUCTIONS FOR FILING

APPLICATION

Complete all 4 pages of the application.

- **Failure to provide the requested information will delay the processing of your application.**

An entity, corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a principal responsible managing employee (RME). The corporation, partnership, joint venture, LLC or LLP must file a separate application from a RME and both must pay separate fees in order to be licensed.

FEES

Attach the \$50 application fee which is not refundable for each application filed. Additional fees will be assessed after board approval and passage of the examination. Make checks payable to: COMMERCE AND CONSUMER AFFAIRS.

Note: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91 Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

EXPERIENCE

Submit not less than 3 certificates in support of supervisory experience with application. (No two certificates shall be from the same person.) All certificates must be notarized.

A minimum of 4 years of full-time supervisory experience within the past 10 years immediately preceding the filing of an application is required.

Applicants who possess licensed experience in another state should provide proof of licensure, but will still be required to submit not less than 3 certificates in support of supervisory experience.

Certain technical training or business administration training may be approved as acceptable experience, but in no case shall the training count for more than one year of experience.

ASBESTOS CONTRACTOR

Contracting entities applying to do asbestos application, enclosure, removal, encapsulation, renovation, repair demolition or other disturbances of friable asbestos or asbestos containing material shall meet all requirements with the exception of experience.

In lieu of experience, the contracting entity (individual, corporation, partnership, joint venture, LLC or LLP) shall submit proof of successful completion by the applicant, RME and all asbestos abatement employees of the contracting entity of Environmental Protection Agency (EPA) or board approved courses. Individuals or RMEs shall have taken a 4-day course; abatement workers shall have taken a 3-day course within two years prior to filing the application.

FINANCIAL STATEMENT

Submit a current financial statement (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, **provide copy of license**.

SIGNATURE OF APPLICANT IS REQUIRED ON FINANCIAL STATEMENT, WHETHER ACCOUNTANT USES OUR FORM OR THEIR OWN.

CREDIT REPORT

Submit a **current** credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency **issued not more than 6 months ago**) covering at least the previous 5 years. Out-of-state applicants may apply for a credit report from a retail credit bureau in their area.

TAX CLEARANCE

Submit a **current** Hawaii State Tax Clearance (**not more than 6 months old**) with an original Department of Taxation stamp. *(Not applicable to people residing in Hawaii less than 1 year and not applicable to corporations, partnerships, LLCs or LLPs registered in Hawaii less than 1 year).*

TRADE NAME

If you are planning to use a trade name, **submit** a filed-stamped copy of current trade name registration approved by the Business Registration Division of the Department of Commerce and Consumer Affairs.

**ENTITY REGISTRATION:
CORPORATION/PARTNERSHIP
LLC or LLP**

If the application is for a corporation, partnership, LLC or LLP we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P. O. Box 40, Honolulu, 96810. *(Please call them for the proper forms at: (808) 586-2727) or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms, etc.*

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" or "Certificate of Qualification" issued not more than 1 year ago.

RME/ENTITY APPOINTMENT

RME not licensed in Hawaii: File a separate application as a RME. If entity is already licensed, entity must submit a letter confirming RME employment.

RME licensed in Hawaii: Have RME submit a letter confirming employment with new entity and confirming termination of present status. If the new entity does not request to be licensed with **all** of your active classes, they will be placed on inactive status.

Sole proprietor licensed in Hawaii and incorporating, forming a partnership, LLC or LLP: When a licensed individual changes to a partnership, incorporates, or forms a LLC or LLP, submit a letter with the application stating change in status from sole proprietor to RME of new entity.

LAWS AND RULES

A copy of the Contractors laws and rules may be obtained by submitting a written request to: the Contractors License Board, DCCA, P.O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above Statutes.

The laws and rules are also available on our website at: www.hawaii.gov/dcca/pvl. Look under "Contractors".

BOARD'S ADDRESS

Mail the completed application, proper fee amount and other required documents to:

Contractors License Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

EXAMINATION

The contractors licensing examinations are administered by a professional testing service, Experior Assessments, LLC (FKA NAIBlock).

Applicants, upon approval by the board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Experior. Phone: (808) 261-8182.

Applicant must pass a written examination covering the following:

PART I Business and law (A copy of the Contractors laws and rules may be obtained by submitting a written request to: Contractors License Board, DCCA, P.O. Box 3469, Honolulu, HI 96801).

The laws and rules are also available on our website at www.hawaii.gov/dcca/pvl. Click on "Contractors."

NOTE: It is strongly suggested that applicants obtain a copy of contractor licensing law and rules.

PART II Trade (field knowledge in classification requested).

Recommended Study materials for the Part II examination may be obtained by calling Experior - (808) 261-8182.

Some books are available at public libraries. Refer to the listing in the "*Bulletin of Examination Information*."

Questions regarding the examination and study material should be directed to the testing agency, Experior. Phone: (808) 261-8182 or visit their website at www.experioronline.com.

Annual Schedule - 2004

<u>Application Filing Deadline</u>	<u>Board Meeting</u>	<u>Filing Deadline</u>	<u>Experior Examination Dates</u>
NO BOARD MEETING IN DECEMBER		January 2, 2004	January 15**, 16*, 2004
December 20, 2003	January 23, 2004	February 6, 2004	February 19**, 20*, 2004
January 20, 2004	February 20, 2004	March 12, 2004	March 25**, 26*, 2004
February 20, 2004	March 19, 2004	April 9, 2004	April 22**, 23*, 2004
March 20, 2004	April 23, 2004	May 7, 2004	May 27**, 28*, 2004
April 20, 2004	May 21, 2004	June 11, 2004	June 24**, 25*, 2004
May 20, 2004	June 25, 2004	July 9, 2004	July 22**, 23*, 2004
June 20, 2004	July 23, 2004	August 6, 2004	August 19**, 20*, 2004
July 20, 2004	August 27, 2004	September 10, 2004	September 23**, 24*, 2004
August 20, 2004	September 24, 2004	October 8, 2004	October 21**, 22*, 2004
September 20, 2004	October 22, 2004	November 5, 2004	November 18**, 19*, 2004
October 20, 2004	November 19, 2004	December 3, 2004	December 16**, 17*, 2004
NO BOARD MEETING IN DECEMBER		(Not available)	

*All Islands (includes Oahu)

**Oahu only

CLASSIFICATIONS AS LISTED IN CHAPTER 77
HAWAII ADMINISTRATIVE RULES

"A"	General Engineering
"B"	General Building
C-1	Acoustical and insulation contractor;
C-2	Mechanical insulation contractor;
C-3	Asphalt paving and surfacing contractor;
C-3a	Asphalt concrete patching, sealing, and striping contractor;
C-3b	Play court surfacing contractor;
C-4	Boiler, hot-water heating, and steam fitting contractor;
C-5	Cabinet, millwork, and carpentry remodeling and repairs contractor;
C-5a	Garage door and window shutters contractor;
C-5b	Siding application contractor;
C-6	Carpentry framing contractor;
C-7	Carpet laying contractor;
C-9	Cesspool contractor;
C-10	Scaffolding contractor;
C-12	Drywall contractor;
C-13	Electrical contractor;
C-14	Sign contractor;
C-15	Electronic systems contractor;
C-15a	Fire and burglar alarm contractor;
C-15b	Telecommunications contractor;
C-16	Elevator contractor;
C-16a	Conveyor systems contractor;
C-17	Excavating, grading, and trenching contractor;
C-19	Asbestos contractor;
C-20	Fire protection contractor;
C-20a	Fire repressant systems contractor;
C-21	Flooring contractor;
C-22	Glazing and tinting contractor;
C-22a	Glass tinting contractor;
C-23	Gunite contractor;
C-24	Building moving and wrecking contractor;
C-25	Institutional and commercial equipment contractor;
C-27	Landscaping contractor;
C-27a	Hydro mulching contractor;
C-27b	Tree trimming and removal contractor;
C-31	Masonry contractor;
C-31a	Cement concrete contractor;
C-31b	Stone masonry contractor;
C-31c	Refractory contractor;
C-31d	Tuckpointing and caulking contractor;
C-31e	Concrete cutting, drilling, sawing, coring, and pressure grouting contractor;
C-32	Ornamental, guardrail, and fencing contractor;
C-32a	Wood and vinyl fencing contractor;
C-33	Painting and decorating contractor;
C-33a	Wall coverings contractor;
C-33b	Taping contractor;
C-33c	Surface treatment contractor;
C-34	Soil stabilization contractor;

C-35 Pile driving, pile and caisson drilling, and foundation contractor;
C-36 Plastering contractor;
C-36a Lathing contractor;
C-37 Plumbing contractor;
C-37a Sewer and drain line contractor;
C-37b Irrigation and lawn sprinkler systems contractor;
C-37c Vacuum and air systems contractor;
C-37d Water chlorination and sanitation contractor;
C-37e Treatment and pumping facilities contractor;
C-37f Fuel dispensing contractor;
C-38 Post tensioning contractor;
C-40 Refrigeration contractor;
C-40a Prefabricated refrigerator panels contractor;
C-41 Reinforcing steel contractor;
C-42 Roofing contractor;
C-42a Aluminum and other metal shingles contractor;
C-42b Wood shingles and wood shakes contractor;
C-42c Concrete and clay tile contractor;
C-42e Urethane foam contractor;
C-42g Roof coatings contractor;
C-43 Sewer, sewage disposal, drain, and pipe laying contractor;
C-43a Reconditioning and repairing pipeline contractor;
C-44 Sheet metal contractor;
C-44a Gutters contractor;
C-44b Awnings and patio cover contractor;
C-48 Structural steel contractor;
C-48a Steel door contractor;
C-49 Swimming pool contractor;
C-49a Swimming pool service contractor;
C-49b Hot tub and pool contractor;
C-51 Tile contractor;
C-51a Cultured marble contractor;
C-51b Terrazo contractor;
C-52 Ventilating and air conditioning contractor;
C-53 Miscellaneous retail products
C-54 Interior design
C-55 Waterproofing contractor;
C-56 Welding contractor;
C-57 Well contractor;
C-57a Pumps installation contractor;
C-57b Injection well contractor;
C-60 Solar power systems contractor;
C-61 Solar energy systems contractor;
C-61a Solar hot water systems contractor;
C-61b Solar heating and cooling systems contractor;
C-62 Pole and line contractor;
C-62a Pole contractor;
C-63 High voltage electrical contractor; and
C-68 Classified specialist.

LICENSE REQUIREMENTS

Upon Passing the Exam (Individual) or Receiving Board Approval (Corporation/Partnership/LLC/LLP)

WORKER'S COMPENSATION INSURANCE

Worker's Compensation - Submit a certificate of worker's compensation insurance from an insurance company authorized to do business in this State, and a statement from the insurance carrier that the board will be notified of any withdrawal, termination, or cancellation of the insurance.

Sole proprietor or partnership with **NO** employees may file a form prescribed by the board, in lieu of worker's compensation insurance.

LLC's with no employees may file written verification of exclusion from the State Dept of Labor and Industrial Relations in lieu of workers' compensation insurance.

Corporations may file a form prescribed by the board in lieu of worker's compensation insurance **WHEN** the RME owns at least 50% of the corporation and there are **NO OTHER EMPLOYEES**.

Joint Ventures must file worker's compensation certificates.

LIABILITY AND PROPERTY DAMAGE INSURANCE

Submit a certificate of insurance from an insurance company or agency authorized to do business in this State, showing full policy coverage of the applicant for comprehensive personal injury and property damage liability with the following minimum limits of liability:

Bodily Injury Liability	\$100,000	each person
	\$300,000	each occurrence
Property Damage Liability	\$50,000	each occurrence

PLACE OF BUSINESS

A licensed contractor shall have and maintain a definite place of business where the licensee may be served notice and legal process in the State and shall display therein his contractor's license. Post Office Box number is not accepted as a place of business.

FEES

License fees will be due. Specific amounts will be given at the appropriate time.

ENTITY-RME DEPENDENCY

A corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a responsible managing employee (RME). The entity must file a separate application from a RME and both must pay separate fees in order to be licensed.

ATTENTION: CONTRACTORS APPLYING FOR ELECTRICAL OR PLUMBING RELATED CLASSIFICATIONS

Please be advised that in order to perform **electrical or plumbing** work in Hawaii, **you must also obtain an electricians (ie. ES or EJ) or plumbers (PM or PJ) license OR** hire someone with the appropriate license. (Refer to Hawaii Revised Statutes, Chapter 448E). **YOU MAY NEED THIS TYPE OF LICENSE TO GET A BUILDING PERMIT.**

MAINTAINING THE LICENSE

MAINTAIN INSURANCE

Maintain insurance coverage throughout licensure and keep on file in the board's office evidence of such coverage.

Failure to maintain liability property damage and worker's compensation coverages causes automatic forfeiture of license, and if not reinstated within sixty days, shall require the person/entity to apply as a new applicant.

(continued)

ENTITY-RME DEPENDENCY

If for any reason the Responsible Managing Employee leaves the contracting entity, the contracting entity must notify the board within 60 days and file an application for a new RME or place the entity's license on inactive status within 90 days of RME leaving contracting entity. Failure to notify the board and apply for a new RME or place the license on inactive status within the required time period causes the license to be **FORFEITED** automatically.

RMEs who leave an entity shall notify the board within 60 days and apply to become a contracting entity, obtain employment with another contracting entity or instruct the board to place the license on an inactive status within 90 days. Failure to do so within the required time period will cause **automatic forfeiture** of the license.

PLACE OF BUSINESS

Maintain a place of business.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are subject to renewal by **September 30 of each even-numbered year**. To ensure receipt of a renewal application, keep the board informed of your address. Applications are sent by mail around August 15, even-numbered years. Licenses not renewed by September 30 are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. Restorations of forfeited licenses are accepted until November 30 with a penalty fee. After November 30, restoration is not accepted and a new application for a license is required.

APPLICATION FOR CONTRACTOR'S LICENSE

Access this form via website at: www.hawaii.gov/dcca/pvl

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CONTRACTORS LICENSE BOARD

335 MERCHANT ST., ROOM 301, P.O. BOX 3469
HONOLULU, HAWAII 96801

INSTRUCTIONS - To avoid delay read all instructions carefully.

Each applicable question must be fully and truthfully answered. **Any material misrepresentation is grounds for refusal or subsequent revocation of license.**

Attach sheets to this application when so instructed or where the space provided for the answer is not sufficient.

Answer all questions. **No license will be considered until this application is completed.** If a question is not applicable, indicate with "NA."

Applications must be **printed** in **black ink** or **typewritten**.

The required **\$50.00 application fee** must be attached and submitted with this application form.

FOR BOARD USE ONLY

Lic. No.

Eff. Date:

CLASS(ES):

(A) Indicate the type of application being made:

- [] Responsible Managing Employee (RME) for: (Name of Firm) _____
 [] Individual (sole owner) Mailing Address: _____
 [] Corporation _____
 [] Partnership _____
 [] Joint Venture _____
 [] LLC _____
 [] LLP _____

(B) Name of Applicant _____
 (Give name of person, corporation, partnership, joint venture, LLC or LLP)

(C) Trade Name or Business Name (if any) _____

(D) Social Security No. _____ Phone (days): _____

(E) • Mailing Address _____
 (Street address or P. O. Box, City, State, Zip Code)

• Hawaii Business Address _____
 (Street address, City, Zip Code)

(F) PERSONNEL OF APPLICANT - If applicant is:

- an INDIVIDUAL
 a CORPORATION
 a LIMITED LIABILITY COMPANY (LLC).....
 a PARTNERSHIP/JOINT VENTURE/LLP
 a RME

Provide information on:

- the INDIVIDUAL
 all the OFFICERS **and** the RME
 all the MANAGERS/MEMBERS **and** the RME
 all the PARTNERS **and** the RME
 the RME

Full Name (First-Middle-Last)	Title or Position	Residence Address (Give <u>Location</u> . P.O. Box not acceptable.)

(G) Set forth in detail the kind of contracting business in which the applicant intends to engage _____

(H) Classification requested () _____
 Symbol - See list attached Name of classification

Appl.....	115.....	\$ 50	RME: Lic	116.....	\$200
Entity: Lic	116.....	\$200	CRF	117.....	\$ 55/\$110
RF	908.....	\$150	1/2 Ren.....	100.....	\$ 25
EF	909.....	\$ 10	Service fee.....	BCF.....	\$ 15
CRF.....	117.....	\$ 55/\$110			
1/2 Ren	100.....	\$ 75			

Name of Applicant: _____
(LAST, First, MI or Name of Corporation, Partnership, Joint Venture, LLC or LLP)

(I) **EACH QUESTION MUST BE ANSWERED**

- 1. Are you at least 18 years of age? YES NO
- 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3 (a) State the date and the name of the entity under which the applicant first started in the business of contracting in the State of Hawaii. _____
(b) Have you ever applied for a Hawaii State contractor's license? If yes, state month and year _____
- 4. Provide name, classification, number, date and copy of each contractor's license previously held in any State by any person listed under "Personnel of Applicant" or held by any organization in which any such person was a copartner or corporate officer, manager, or member. _____

- 5. Has any person listed under "Personnel of Applicant" been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of their state or any other state? _____ If yes, submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.
- 6. Has any person listed under "Personnel of Applicant" or has any construction organization in which any such person was a member of the personnel, had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this State or any other State? _____ If yes, attach a detailed statement.
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)
- 7. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by any person listed under "Personnel of Applicant" or any construction organization in which any such person was a member of the personnel? _____ If yes, attach a detailed statement.
- 8. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of the operations of any person listed under "Personnel of Applicant" or any construction organization in which any such person was a member of the personnel? _____ If yes, attach a detailed statement.
- 9. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of the operations of any person listed under "Personnel of Applicant" or any construction organization in which any such person was a member of the personnel? _____ If yes, attach a detailed statement.
- 10. Has any person listed under "Personnel of Applicant" or has any construction organization in which any such person was a member of the personnel ever been adjudicated as bankrupt; or is any person listed under "Personnel of Applicant" or any construction organization in which any such person is a member of the personnel, presently in the process of bankruptcy proceedings? _____ If yes, attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.
- 11. Has any person listed under "Personnel of Applicant" or has any construction organization in which any such person was a member of the personnel ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? _____ If yes, attach a detailed statement listing names and addresses of all creditors and losses they sustained.
- 12. Has any person listed under "Personnel of Applicant" ever been convicted of a felony which has not been annulled or expunged within the last 20 years? _____
If yes, attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.

(J) EDUCATION: Vocational school, college, university, special training

yrs.

mos.

(K) EXPERIENCE STATEMENT

1) TYPE OF WORK & TIME AT EACH-I have worked as a:

☐ Apprentice for yrs. mos.
☐ Journeyman for yrs. mos.
☐ Supervisor for yrs. mos.
☐ Superintendent for yrs. mos.
☐ Contractor for yrs. mos.
☐ Foreman for yrs. mos.
☐ Project Manager for yrs. mos.

..... for yrs. mos.

2) TOTAL TIME IN CONSTRUCTION: yrs. mos.

3) SKILLS - I can perform the following:

☐ Read a financial statement
☐ Compute payroll
☐ Balance a checking account
☐ Read blueprints
☐ Prepare job estimates
☐ Order materials
☐ Design & layout construction projects
☐ Other (specify):

☐ Other (specify):

4) LIST THE MOST RECENT EXPERIENCE FIRST:

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

Dates supervised: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

No. of people supervised:

TYPE OF PROJECTS:

☐ Apartments ☐ Office Buildings
☐ Condominiums ☐ Remodeling
☐ Custom ☐ Tract Houses
☐ High Rise ☐ Other (specify):

Describe duties and responsibilities:

Hours worked per week:

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:

\$

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

Dates supervised: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

No. of people supervised:

TYPE OF PROJECTS:

☐ Apartments ☐ Office Buildings
☐ Condominiums ☐ Remodeling
☐ Custom ☐ Tract Houses
☐ High Rise ☐ Other (specify):

Describe duties and responsibilities:

Hours worked per week:

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:

\$

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

Dates supervised: to Total:

Mo/Yr

Mo/Yr

Yr/Mo

No. of people supervised:

TYPE OF PROJECTS:

☐ Apartments ☐ Office Buildings
☐ Condominiums ☐ Remodeling
☐ Custom ☐ Tract Houses
☐ High Rise ☐ Other (specify):

Describe duties and responsibilities:

Hours worked per week:

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:

\$

ATTACH ADDITIONAL SHEETS IF NECESSARY

SIGNATURE IS REQUIRED ON NEXT PAGE

Name of Applicant: _____
(LAST, First, MI or Name of Corporation, Partnership, Joint Venture, LLC, or LLP)

Any material misrepresentation made in this application is grounds for refusal or subsequent revocation of a license.

The undersigned hereby applies for license pursuant to the provisions of Chapter 444, Hawaii Revised Statutes and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

Owner, partner, officer of a
corporation, manager or member of
LLC, responsible managing employee

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Supporting certificates necessary to establish that the applicant's construction experience meets the minimum requirements must be attached to the application -- See instruction sheet.

Additional certificate forms may be obtained from the office of the Board, 335 Merchant Street, Room 301, Honolulu, HI 96813 or you may download forms from our website at: www.hawaii.gov/dcca/pvl.

Access this form via website at: www.hawaii.gov/dcca/pvl

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:

Business Phone No. () _____

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail four full years of supervisory experience within the past 10 years, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

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JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

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CONTRACTOR is one or more of the following:

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EXPERIENCE CERTIFICATE - CONTRACTOR'S LICENSEAccess this form via website at: www.hawaii.gov/dcca/pvl**IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.**

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	Classification requesting (check) <input type="checkbox"/> A - General Engineering <input type="checkbox"/> B - General Building <input type="checkbox"/> C - _____ - ____ <input type="checkbox"/> C - _____ - ____
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THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ Classifications held: _____ <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____	Employment Dates (mo/yr): <table border="1"><tr><td>From:</td><td>To:</td></tr><tr><td colspan="2">Length of service: Yrs. _____ mos. _____</td></tr><tr><td colspan="2">Dates applicant has supervised: From: _____ To: _____</td></tr><tr><td colspan="2">TOTAL TIME: _____</td></tr><tr><td colspan="2"><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ Hours per week, if part-time _____</td></tr></table>	From:	To:	Length of service: Yrs. _____ mos. _____		Dates applicant has supervised: From: _____ To: _____		TOTAL TIME: _____		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ Hours per week, if part-time _____		Indicate LEVEL applicant worked at: <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____ (Refer to the board's definitions of each of the above levels on the reverse side.) Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Circle or underline your answer.) YES NO
	From:	To:										
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DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this Form:

I, _____ hereby certify that I have personally known the person named
(Print name of certifier)

as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____

Signature of the Certifier _____

Subscribed and sworn to before me

Print Your Name _____

This _____ day of _____ 20 _____

Address of
Certifier _____

Contractors License No. _____

Notary Public, State of _____

Licensed Classifications _____

My commission expires: _____

Home Phone No. (_____) _____

Business Phone No. (_____) _____

COMPLETION OF THIS EXPERIENCE CERTIFICATION

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Date _____

Signature of the Certifier _____

Subscribed and sworn to before me

Print Your Name _____

This _____ day of _____ 20 _____

Address of
Certifier _____

Contractors License No. _____

Notary Public, State of _____

Licensed Classifications _____

My commission expires: _____

Home Phone No. (_____) _____

Business Phone No. (_____) _____

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